



## MEDICAL STATUS DECLARATION

***This declaration is mandatory for registering in the OCR European Championships Spain 2026 in case you don't present a valid medical certificate.***

The information provided will only be accessed by authorized personnel from OCRA Spain, when necessary. It will be stored securely and not shared with third parties without your explicit consent, in compliance with the General Data Protection Regulation (GDPR). The data will be used solely for ensuring your safety during the event.

By completing and signing this declaration, I confirm the accuracy of the information provided and acknowledge my responsibility to update the organization in case of changes to my medical status prior to the event. I understand that I have the right to access, correct, or request the deletion of my personal data by contacting the organization through the email: [info2026@ocreuropeanchampionships.com](mailto:info2026@ocreuropeanchampionships.com)

### Section 1: Contact Information

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Phone Number (with country code): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Region (State/Province): \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_



## Section 2: Medical History

### 1. Medical Conditions (Check all that apply):

Asthma  Cancer  Cardiac Disease  Diabetes  Hypertension

Psychiatric Disorder  Epilepsy  None  Other: \_\_\_\_\_

### 2. Current Symptoms (Check all that apply):

Chest Pain  Respiratory Issues  Neurological Symptoms  Musculoskeletal

Issues  Weight Gain  Weight Loss  None  Other: \_\_\_\_\_

### 3. Are you taking any medications?

List your medications or write "None":  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Have you had any recent surgeries (past 5 years) ?

List your surgeries or write "None":  
\_\_\_\_\_

### 5. Do you have any allergies?

List your allergies or write "None":  
\_\_\_\_\_

### 6. What was your gender at birth?

Male  Female

### 7. Do you use or have a history of using tobacco?

Yes  No

### 8. Do you use or have a history of using recreational drugs?

Yes  No



9. How often do you consume alcohol?

Daily  1-3 times per week  Several times a month

Several times a year  None

### **Section 3: Consent**

By signing below, I consent that in the event of injury or incapacitation during the OCR European Championships Spain 2026, I (or my child/athlete, if applicable) wish to receive appropriate medical care as determined by a healthcare professional.

Signature: \_\_\_\_\_

Type or sign your full legal name:

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### **Section 4: Emergency Contact**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_